

**New Hampshire Bureau of Emergency Medical Services  
Course Completion Roster Addendum**

EMS I/C: \_\_\_\_\_

Course No.: \_\_\_\_\_

**Initial Addendum:** The following individual(s) have been listed on an NHBEMS Course Completion Roster as "Incomplete" and will need to complete the listed Modules in order for successful completion of the noted course.

Student Name	Module(s)	Details (Please give detailed explanation as to what student needs to complete)
1.		
2.		
3.		
4.		
5.		

**Updated Addendum:** The following individual(s) have completed the listed Modules and have changed their status as noted:

Student Name	Module(s)	Status (Complete or Fail)	Comments
1.			
2.			
3.			
4.			
5.			

By signing this Course Completion Roster Addendum, the NH Instructor/Coordinator is attesting that each student listed as "C" (Complete) has met all appropriate didactic, lab, clinical and field internship as per NHTSA/DOT and NHBEMS curricula requirements.

EMS I/C Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Education Specialist Signature: \_\_\_\_\_

Date: \_\_\_\_\_